



2nd Annual Swamp Swim & Sprint Registration Form

Name: _____ Name of partner/team (relay only): _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____ Telephone: _____

Age (on day of race): ____ Date of Birth: _____ (month/day/year) Sex: ____

SSL pool (if affiliated with one): _____

Estimated swim time: _____ (8&under: 100 yards, Age 9-12: 1/8 mile, Age 13+: ¼ mile)

T-shirt Size (circle one): YS YM YL YXL Adult: S M L XL

Entry Fee: _____

Kids (18 and under): \$20 if registered by Aug. 20, \$25 day of registration

Adults (over 18): \$30 if registered by Aug. 20, \$35 day of registration

Swamp Swap: \$40 if registered by Aug. 20, \$50 day of registration (**each member of relay needs to complete a registration form**)

In consideration of this entry being accepted, I, intending to be legally bound, hereby for myself, my heirs, executors, administrators, waive and release any and all rights I may have against the organization holding this event, its agents, representatives, successors and assigns for any and all injuries suffered by me at said race. I also consent to the use of any photographs taken at said event by the race organizers or their agents.

Signature of Applicant _____

Signature of Parent/Guardian (if applicant is under 18 years of age)

Mail the entry form and race fee (checks payable to **Nottingham Swim Club**) to:

Swamp Swim and Sprint 806 Dallam Rd. Newark, DE 19711

Questions: email Chrissy Bonis - thebonisfamily@yahoo.com

NO REFUNDS- THE RACE DIRECTOR RESERVES THE RIGHT TO REJECT ANY ENTRY.